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To: All Providers

RE: Batch Response Files (BRF) <Audit Trails> Are Now Available for Download

EDS and the Medicaid Agency are pleased to announce the return of the Claim Status Request (CSR or audit trail), now known as a Batch Response File (BRF). The BRF is similar to the old CSR, but has been revised to meet the standards of the Medicaid claims processing system.

The BRF will allow providers to determine claims status prior to receiving the Remittance Advice.

How Will I Download the BRF?

If you use a software vendor, contact your software vendor for instructions. Vendors were notified of the upcoming changes and companion guide in an earlier Alert. Your software vendor will need to format the file information from a flat file format into a readable format. The companion guide is available through the following link:

http://www.medicaid.alabama.gov/billing/np_i_companion_guides.aspx?tab=6

What Version of Provider Electronic Solutions Will Allow BRF Downloads?

Providers wanting to obtain the BRF through Provider Electronic Solutions will need to download and apply version 2.10. Upgrades are available through the following link:

<http://www.medicaid.alabama.gov/billing/pes.aspx?tab=6>

Should you have problems or questions related to Provider Electronic Solutions version 2.10, contact the Electronic Media Claims Helpdesk at 1-800-456-1242 (in-state) or (334)-215-0111 (out-of-state). E-mail alabamasystemsemc@eds.com.

How Will I Download the BRF once I apply Version 2.10?

- Open Provider Electronic Solutions
- Click on Communications
- Click on Submission
- Under files to receive select BRF-Batch Response File
- Click Submit
- After file has downloaded, close out of submission
- Go to Communication
- Click on View Batch Response

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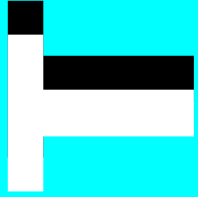
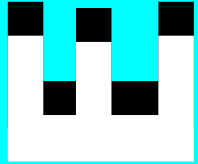
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The BRF will show which claims paid, denied or suspended. The following information will display:

Field Name	Field Description
Trading Partner ID	The assigned 9 digit trading partner number used by the submitter to send a batch of claims.
File Tracking ID	The tracking number assigned to a batch of claims when uploaded to AMMIS.
Internal Control Number (ICN)	The internal control number that uniquely identifies a claim in the system.
Claim Status	The status of the claim after processing through the system. Values can be either "P" (paid), "S" (suspended), or "D" (denied).
Total Detail Count	The total number of details associated to the claim.
Provider NPI ID	The National Provider ID used to process the claim.
Provider Medicaid ID	The Medicaid Provider ID used to process the claim. Identifies the service location.
Recipient ID	The Recipient or Subscriber ID submitted on the claim.
Recipient Check Digit	The Recipient or Subscriber check digit submitted on the claim.
Patient Account Number	The Patient Account Number submitted on the claim.
Medical Record Number	The Medical Record Number submitted on the claim.
First Date of Service	The date of the first date of service on the claim in CCYYMMDD format.
Billed Amount	The Billed Amount submitted on the claim.
Paid Amount	The paid amount that was calculated by the system for a paid claim. This field will be the end of the record for Paid claims.
Error Count	The number of errors set on the claim.
Detail Number	The detail number on which the error was set. 0 = header; 1 > = detail number.
Error Code Status	Status code that represents the disposition of the specific error that has set on the claim. Values are deny (D) or suspend(S).
Error Code	The Explanation Of Benefit (EOB) code set on the claim.
Error Message	The text message that describes the error that was set on the claim.

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Can I view all claims submitted through the BRF?

No. Claims which automatically crossover from Medicare to Medicaid may not be viewed through the BRF and claims which are submitted through the web portal may not be downloaded through the BRF. (Users may perform a search in the web portal to check claim status for these claim types). Additionally, some state agencies that submit through a direct connect process will not be able to view BRF files. If you have questions on how to search for claims submitted through the crossover process or the web portal, contact your Provider Representative at 1-800-688-7989.

What Claim Types Will Generate a BRF?

837 P (Professional)

837 I (Institutional)

837 D (Dental)

The BRF will only be returned to the Trading Partner that uploads a batch of claims. Trading Partners can be providers or vendors. If you use a trading partner ID to submit your claims to a clearinghouse, which then submits the batch to EDS for processing, your vendor will have to provide you with a BRF.